



3753

Our File No.: 99B140  
Date: February 23, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Appln. No.** : 09/697,259  
**Applicant** : Antulio Tarzona  
**Filed** : October 26, 2000  
**Title** : Magnetically-Operated Relief Valves (as amended)  
**TC/A.U.** : 3753  
**Examiner** : Krishnamurthy, Ramesh  
**Docket No.** : 99B140

RECEIVED

MAR 03 2004

TECHNOLOGY CENTER R3700

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
2. ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
3. ☐ No additional fee is required.

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on February 23, 2004.

Attorney Name Marta E. Delsignore, Ph.D.

Registration No. 32,689

Signature Marta E. Delsignore Date of Signature February 23, 2004

Goodwin Procter L.L.P.  
599 Lexington Avenue  
New York, New York 10022

The Fee has been calculated as shown below:

	Claims remaining after amendt. (Col. 1)	Highest No. Prev. Paid for (Col. 2)	Present extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
				RATE	FEE		RATE	FEE	
Total	*	Minus **	= 0	X 9	= 0		X 18	=	
Ind.	*	Minus ***	= 0	X 42	= 0		X 84	=	
( ) First Presentation of Multiple Dependent Claims				+ 140	=		+ 280	=	
TOTAL ADDITIONAL FEE:							TOTAL:		

\* If the entry in Col 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.

4.(a) ☐ An Extension of Time to respond to the PTO communication dated \_\_\_\_\_ is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Within first month	<input type="checkbox"/>	\$ 55	<input type="checkbox"/>	\$ 110
Within second month	<input type="checkbox"/>	210	<input type="checkbox"/>	420
Within third month	<input type="checkbox"/>	475	<input type="checkbox"/>	950
Within fourth month	<input type="checkbox"/>	740	<input type="checkbox"/>	1,480

(check and complete the next item, if applicable)

☐ An extension for \_\_\_\_\_ has already been secured and the fee paid therefore of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_.

or

(b) ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

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New York, New York 10022

5. ☐ Please charge our Deposit Account No. 06-0923 in the amount of \$ \_\_\_\_\_. Two copies of this sheet are enclosed.
6. ☐ A check in the amount of \$ .00 is enclosed.
7. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees are required under 37 CFR 1.16 and/or 37 CFR 1.117 associated with this communication or credit any overpayment to Deposit Account No. 06-0923. Two copies of this sheet are enclosed.

GOODWIN PROCTER L.L.P.

By: Marta E. Delsignore  
Marta E. Delsignore

PTO Registration No. 32,689

Enclosures